

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	09/868276	FILING DATE
APPLICANT(S)		

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	28	↓		↓		↓
TOTAL DEP.	14	↔		↔		↔
TOTAL CLAIMS	14	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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TOTAL IND.		↓			↓			
TOTAL DEP.		↔			↔			
TOTAL CLAIMS		[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]		

BEST AVAILABLE COPY

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS